

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|--------------------|----------|
| FEE DETERMINATION | <i>[Signature]</i> | <i>[Signature]</i> | 9/27/00 |
| O.I.P.E. CLASSIFIER | | 49 | 10/31 |
| FORMALITY REVIEW | TIV | 50870 | 10 27 00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Best Available Copy

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | ✓ | |
| 2 | ✓ | ✓ | |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)